

**GEORGETOWN ISD HEALTH SERVICES**  
**Request to Administer Medication**

Student \_\_\_\_\_ Date of Request \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Medication \_\_\_\_\_

Condition for which medication is to be given \_\_\_\_\_

Amount to be given \_\_\_\_\_ Time \_\_\_\_\_ Route \_\_\_\_\_

Date to be discontinued \_\_\_\_\_ List significant side effects \_\_\_\_\_

Special Instructions \_\_\_\_\_

**NOTE:** No more than a one month supply of medication shall be brought to school at a time. All controlled substances **must be** delivered and picked up by a parent or guardian.

**All medications**

- Must be in the original container with a proper, legible label
- Must not be expired. Please check the expiration date before sending any medication to school. *Medications that are expired cannot be given.*
- Must be picked up by an adult. With the exception of medication that cannot be divided (eye drops, inhalers), **Nurse can not send left-over medicine home with your child.**

**Do Not:**

Send individual pills, blister/bubble packs loose, or in a plastic baggie – They will not be given.

**PLEASE REVIEW THE DISTRICT MEDICATION PROCEDURE ON THE BACK OF THIS FORM BEFORE SIGNING.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Day time contact information

FOR ALL LONG TERM (more than 10 school days) DAILY MEDICATIONS, THE PRESCRIBING PHYSICIAN OR DENTIST MUST COMPLETE THE FOLLOWING (daily or altered dose medications):

**MEDICATION:**

**INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of physician or dentist: It is necessary that the above named medication be given to this child at the time requested from \_\_\_\_\_

(Start date)

(Discontinue date)

\_\_\_\_\_  
Signature of physician or dentist

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
PRINT physician or dentist's name

\_\_\_\_\_  
Business Phone Number

&

\_\_\_\_\_  
Business Fax Number

Information may be faxed to the school at this number: \_\_\_\_\_

Please feel free to call the nurse at 943-\_\_\_\_\_ with any questions.

## MEDICATION PROCEDURES

1. Medications may be administered at school with a parent's written request expressing the need for such medication and the parent provides the medication. This includes both prescription and over-the-counter medications. A written request from a physician must be obtained if any prescription medication needs to be administered daily for more than 10 days, (fax may be accepted).

It is suggested that parents request an extra labeled bottle from the pharmacist for sending medications to school. Do not send individual pills, blister/bubble packs loose or in a plastic baggie – they will not be given. Students and/or parents will be notified when their medication supply is low and the empty bottle will be sent home for a refill. Refills should be delivered to the school health clinic.

2. Prescription medications must be in the original container, properly labeled with the student's name, medication name, dosing instructions and ordered by a physician licensed to practice in the United States. It is requested that medications that need to be cut in half be cut in half by pharmacist or parent before sending medication to school.
3. Sample medications provided by a physician may be administered if those medications are accompanied by a signed note from the physician and are appropriately labeled with the student's name, medication name, dosing instructions and ordered by a physician licensed to practice in the United States.
4. Parents/guardians must deliver and pick up all medications that are controlled substances to the school health clinic. These medications (controlled substances) will be counted by the campus nurse upon receiving them and the count will be documented. The parent is responsible for obtaining these medications from the campus nurse at the end of the school year.
5. Medications must be stored in the locked medication cabinet in the school health clinic and administered by health services personnel or other trained school employees. Medications must not be expired as they cannot be given.
6. Non-prescription medications must be in the original container. The dosing directions on the over-the-counter packaging regarding age, amount and frequency of medication administration will be strictly followed. Requests to alter the dosage or frequency of the medication to be administered must be accompanied by a physician's written note stating the dosage of medication to be given and that it is necessary to administer an alternative dosage at school (fax may be accepted).
7. A student may be allowed to self-administer inhaled asthma medication, an Epi-pen, or diabetes treatment ONLY if the following conditions have been complied with:
  - a. Written permission from the physician allowing the student to self-medicate or treat and an Individual Health Care Plan for the student is on file in the school health clinic.
  - b. The nurse has counseled with student and parent to determine competency of student and make realistic plans.
  - c. The student complies with all campus safety policies.
8. No District employee shall administer herbal substances, anabolic steroids or dietary supplements of any type except as provided in GISD Policy; FFAC (local): *"Herbal substances or dietary supplements may be administered as prescribed by the physician, provided by the parent, and **only** if required by the Individualized Education Program or Section 504 plan of a student with disabilities."* Dietary Supplements and herbal substances are not FDA approved.
9. In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse has the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contra-indicated for administration to the student.